PART B - FEE(S) TRANSMITTAL

Complete and send this form, together and applicable fee(s), to: Mail Stop ISSUL FEE
Commissioner for Patents

P.O. Box 1450 Alexandria, Virginia 22313-1450 or <u>Fax</u> (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

23552 7590 06/22/2006

MERCHANT & GOULD PC P.O. BOX 2903 MINNEAPOLIS, MN 55402-0903 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

(Depositor's name)		
(Signature)		
(Date)		

FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. APPLICATION NO. FILING DATE 10/639,949 08/12/2003 Rajat Sethi 12695.6USD5 6992

TITLE OF INVENTION: TREATING OF CARDIOVASCULAR AND RELATED PATHOLOGIES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$700		\$300	\$1000	09/22/2006
		ART UN	IT	CLASS-SUBCLASS		
		1614		514-302000		
CFR 1.363). Change of correspond Address form PTO/SB/12 "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless recordation as set forth in (A) NAME OF ASSIGNMEDICAL MEDICAL M	EE International	Correspondence ation form e of a Customer E PRINTED ON T clow, no assignee of this form is NOT	(1) the nation of agents (2) the nation registered 2 registered isted, no THE PATEN data will approximate (B) RESIDI	mes of up to 3 registered patent OR, alternatively, one of a single firm (having as a lattorney or agent) and the named patent attorneys or agents. If name will be printed. T (print or type) Dear on the patent. If an assign for filing an assignment. ENCE: (CITY and STATE OR Compared by the statement): Individual XXI Compared to the patent.	ee is identified below, the COUNTRY)	
4a. The following fee(s) are XX Issue Fee	enclosed:	4b	. Payment of A check Payment		closed.	
5. Change in Entity Status	(from status indicated above			100000000000000000000000000000000000000	(cherose an ex-	da copy of this form).
	MALL ENTITY status. See		☐ b. Appli	cant is no longer claiming SMAI	LL ENTITY status. See 37 (CFR 1.27(g)(2).
The Director of the USPTO NOTE: The Issue Fee and P interest as shown by the reco	is requested to apply the Issue the list of the Issue the Issue that is the Issue that it is the Issue that it is the Issue that it is the Issue that Issue the Issue that Issue	ue Fee and Publicat will not be accepted ent and Trademark	ion Fee (if a l from anyon Office.	ny) or to re-apply any previously e other than the applicant; a regi	y paid issue fee to the applic stered attorney or agent; or	cation identified above. the assignee or other party i
Authorized Signature	Brian R. Don			Date 7/2	e/oc	
Typed or printed name _	Brian R. Boi			_ Registration N	lo. 57,395	
This collection of information an application. Confidential submitting the completed applications form and/or suggestions	on is required by 37 CFR 1.3 ity is governed by 35 U.S.C pplication form to the USPT for reducing this burden, sl	11. The informatio 122 and 37 CFR O. Time will vary rould be sent to the	n is required 1.14. This co depending u Chief Infor	to obtain or retain a benefit by to obtain or retain a benefit by to llection is estimated to take 12 repon the individual case. Any comation Officer, U.S. Patent and	he public which is to file (arminutes to complete, including ments on the amount of the Trademark Office, U.S. De	nd by the USPTO to procesting gathering, preparing, artime you require to complete partment of Commerce, P.(

Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.